## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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DAVID . E INK CO 733 CON	TION	/2007	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (571) 273-2885, on the date indicated below.					
				-				(Depositor's name)
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10/604,6	538	08/06/2003		Anthony Edward Pulle		ATTC	PRNEY DOCKET NO.	CONFIRMATION NO.
APPLN, TYP	PE	SMALL ENTITY	MEDIA CONTAINING	G SPECULARLY REFLI		W.	TOTAL FEE(S) DUE	DATE DUE
nonprovision	nal	YES	\$720	\$300	\$	0	\$1020	11/27/2007
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BEN, LOHA			2873	359-296000				
1. Change of correspondence address or indication of "Fee Address" (3' CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  E Ink Corporation  Cambridge, MA								
Please check the appropriate assignee category or categories (will not be  4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies				Description of the patent): Individual Corporation or other private group entity Government  The Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501162 (enclose an extra copy of this form).				
✓a. Applicant	claims SM	rom status indicated a ALL ENTITY status olication Fee (if required States of the United States	See 37 CFR 1.27.	b. Applicant is no lor	nger claiming S	MALI ENER		
		Pavid J. Cole/	s ratent and Trademark	Office.			er 10, 2007	assigned of other party in
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